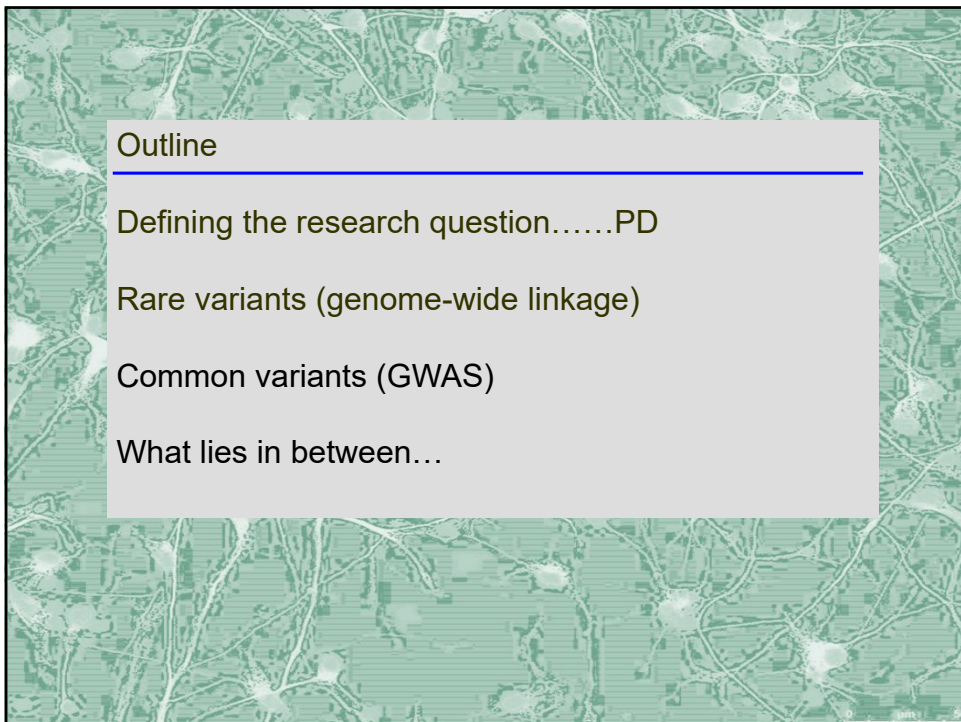


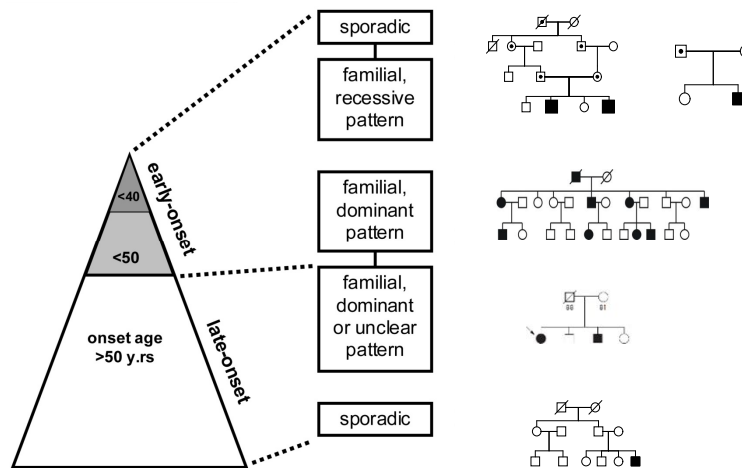
1



2

Clinical Genetics of PD

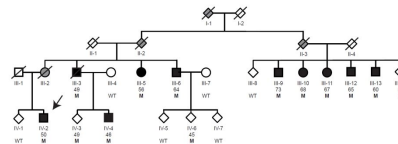
- familial in ~15% of cases (Mendelian pattern rarely evident)
- early-onset (<45 y.rs) in ~5-10% of cases



Adapted from: Bonifati, Genetics of parkinsonism.
In: Wood (Ed.) Neurogenetics – a guide for clinicians. Cambridge Univ Press 2012

3

genome-wide linkage family-based

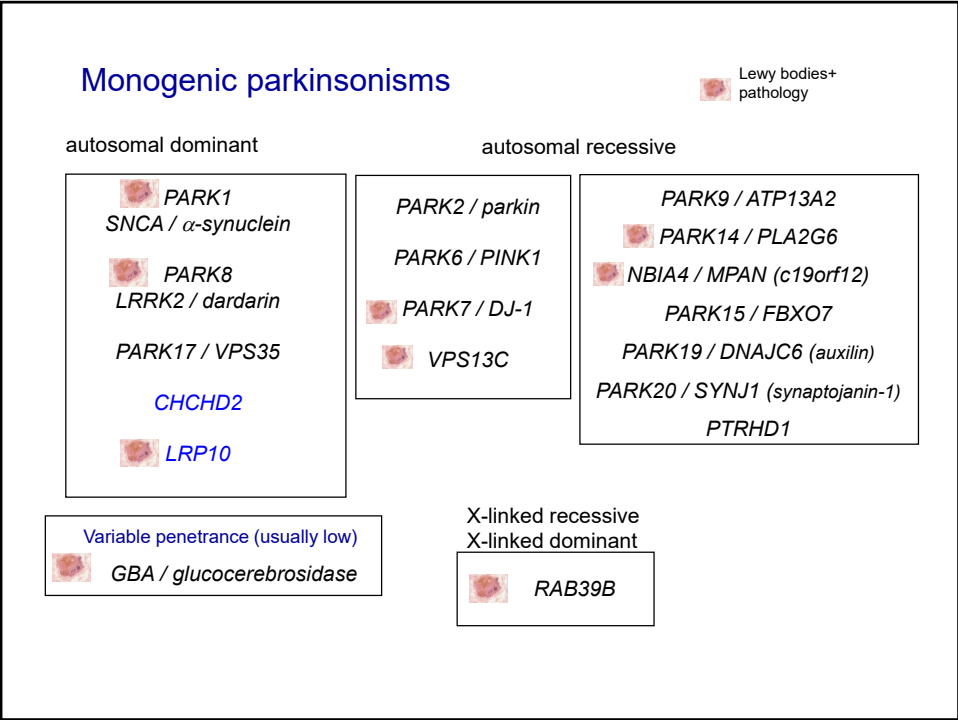


the yield:

- rare variants
 - large effect size
- (highly-penetrant, disease-causing)

rare, but possible crucial insights
into disease mechanisms

4



5

PARK1 - α-synuclein

Polymeropoulos et al, Science 1997

proof-of-principle - monogenic cause of PD with Lewy-body pathology

- missense mutations
- gene duplication
- gene triplication

(Singleton et al, Science 2003)

α-syn in Lewy bodies : PD, LBD, MSA as “synucleinopathies”

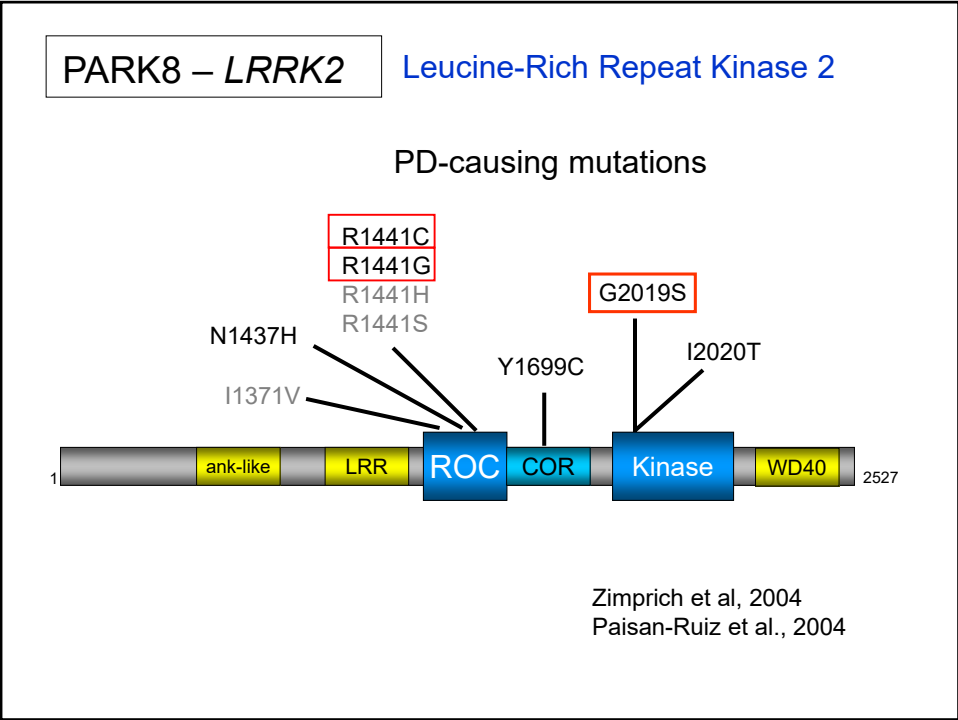
2 copies = normal

3 copies = PD-like

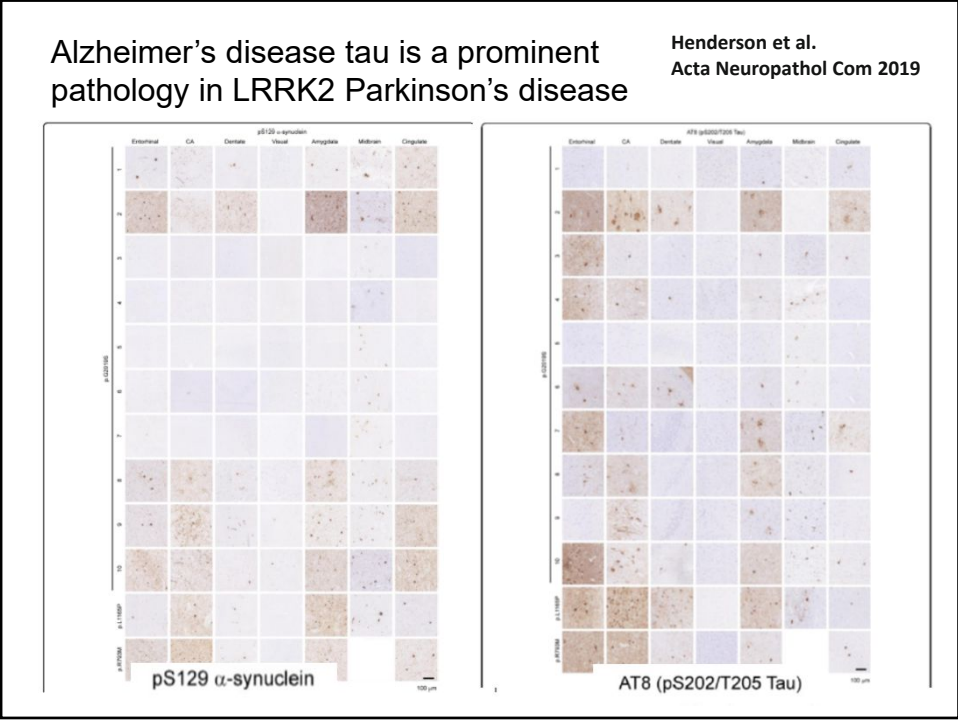
4 = DLB-like

Spillantini et al, Nature 1997

6



7

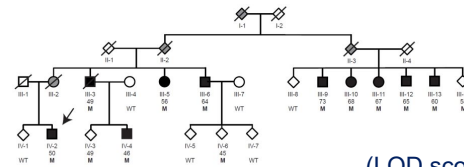


8

LRP10 genetic variants in familial Parkinson's disease and dementia with Lewy bodies: a genome-wide linkage and sequencing study

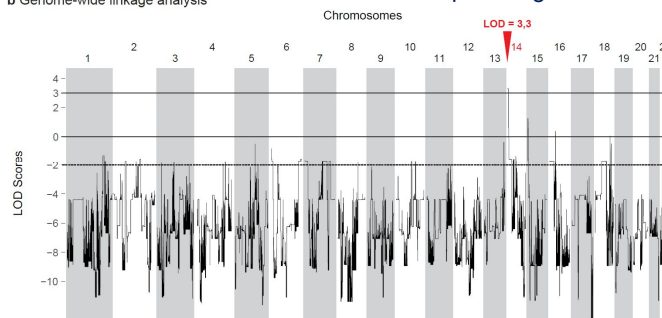


Quadri et al.
Lancet Neurology
July 2018



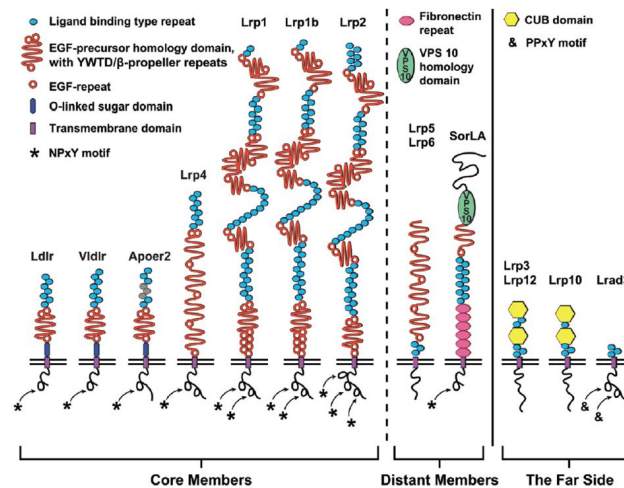
(LOD score 3.3)
p<0.05 genome-wide

b Genome-wide linkage analysis



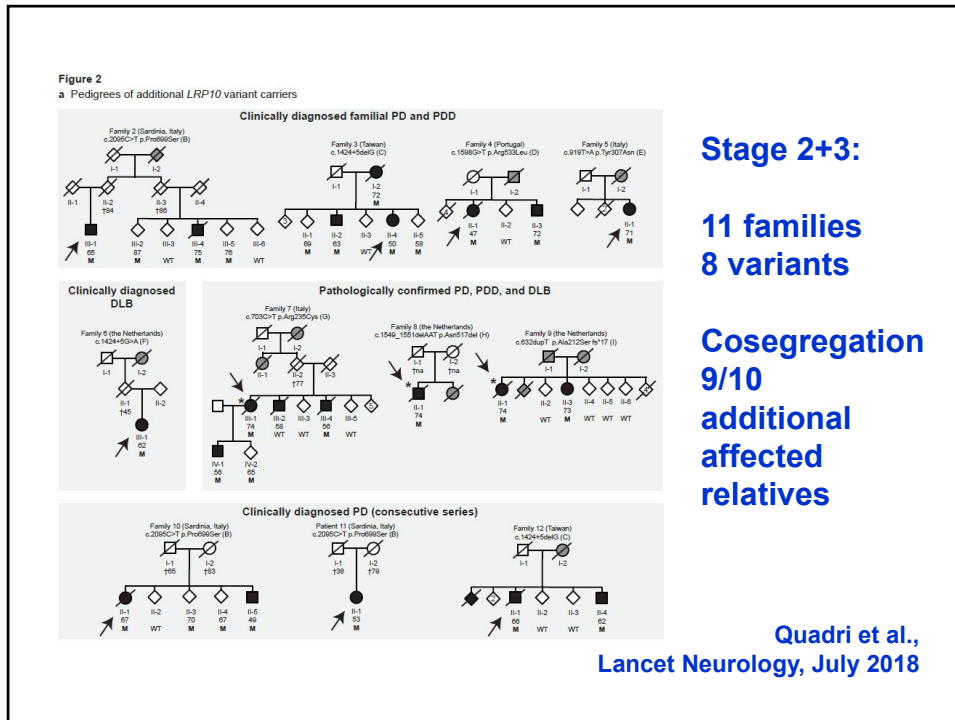
9

The low-density lipoprotein (LDL) receptor family

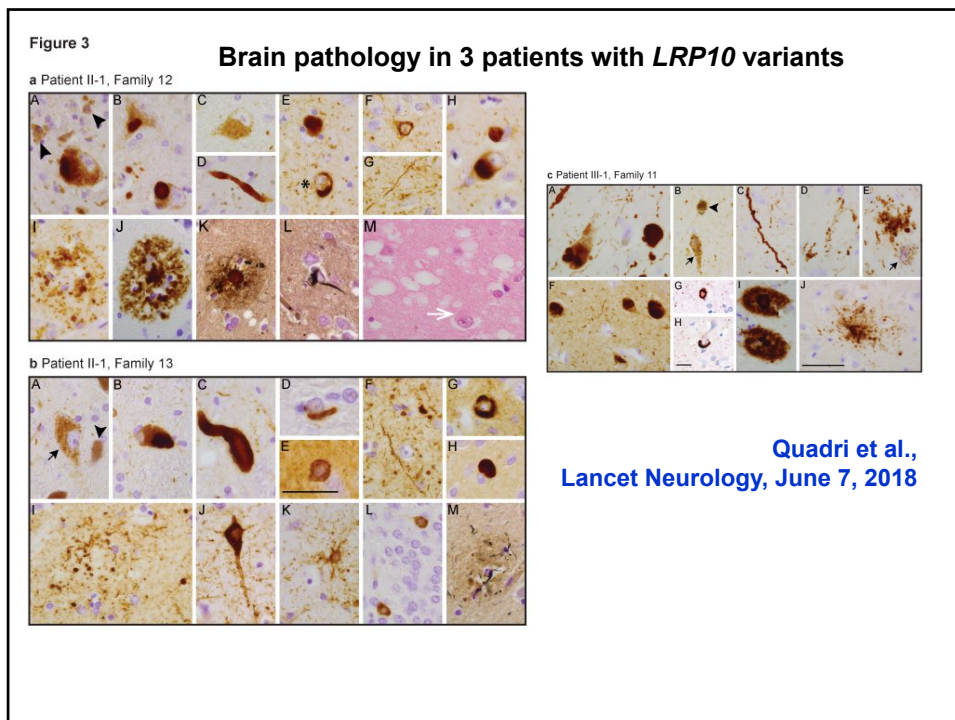


Pohlkamp et al., Front. Mol. Neurosci. 2017

10

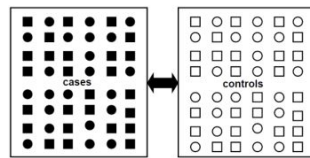


11



12

genome-wide association (GWAs)
case-control design



the yield (so far):

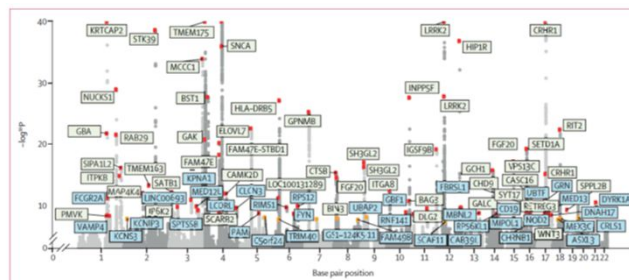
- common variants
- small effect size
(OR <2, disease risk modulation)

Insights into disease mechanisms

13

Identification of novel risk loci, causal insights, and heritable risk for Parkinson's disease: a meta-analysis of genome-wide association studies

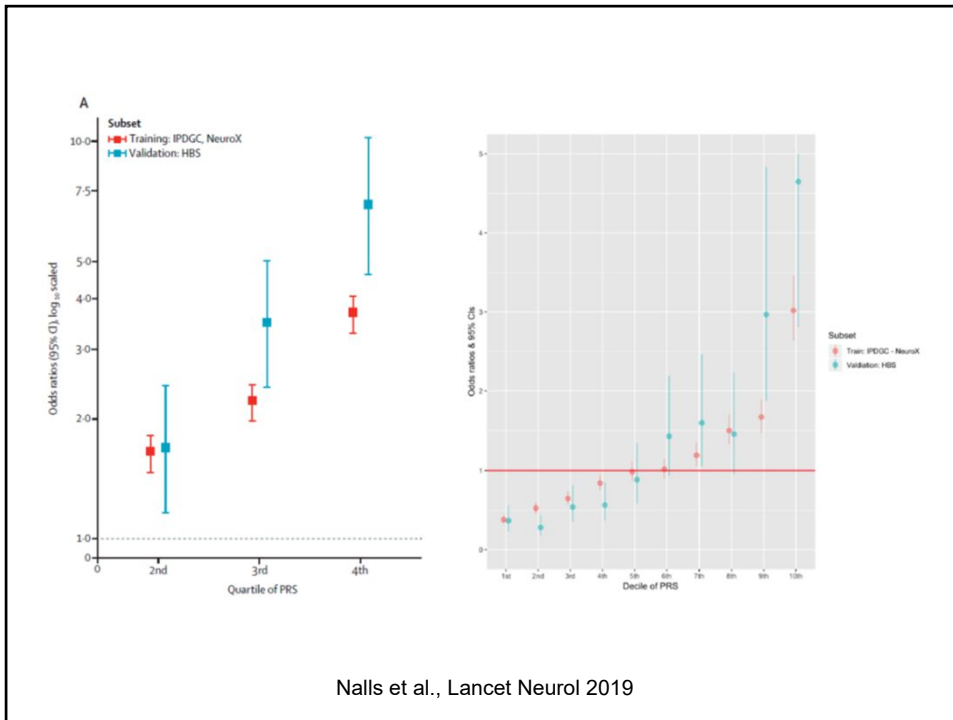
Nalls et al.,
Lancet Neurol
2019



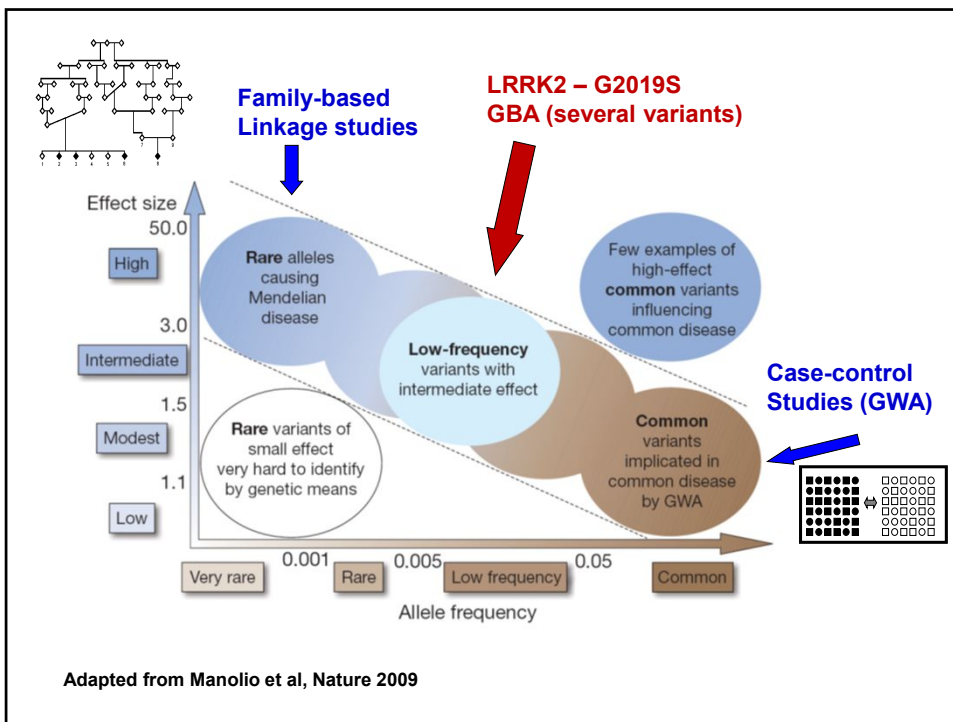
meta-analysis of 17 datasets from Parkinson's disease GWAS
7.8 million SNPs, **37,688 cases**, **18,618 UK Biobank proxy-cases** (subjects who do not have PD but have a 1st degree relative with PD), and **1.4 million controls**

Yield: 90 risk variants in 78 genomic loci, **38 novel (but with OR~1,06)**
estimated to explain **16–36% of the heritable risk** for PD
heavily **brain-enriched** loci (gene expr.), and **neuronal** (not glial)

14



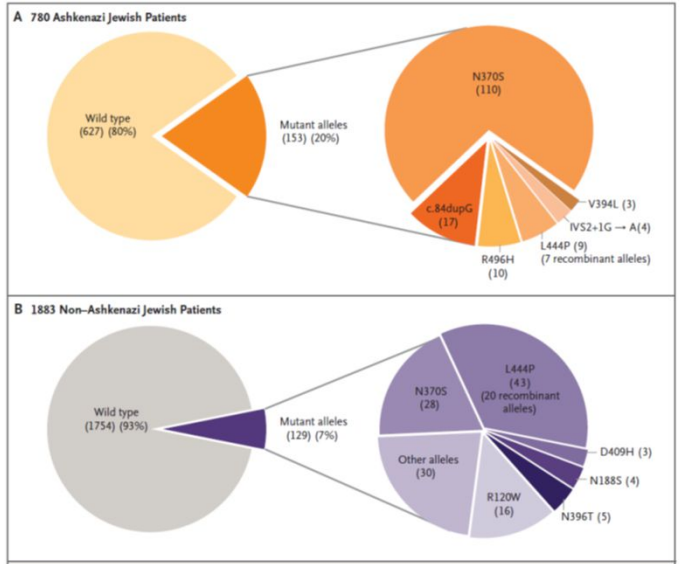
15



16

OR 5.43 (cumulative estimate, any GBA variant)

GBA



Sidransky et al., N Engl J Med 2009

17

GBA

Highly-homologous pseudogene – challenging assay

Many variants, including novel and very rare

Different size-effects (OR: <3 to >10)

Low-penetrance “cause” vs strong “risk factor”

N370S – most common variant in AJ patients

L444P – most common variant in non-AJ patients

Several complex alleles (recombinant)

Genotype-phenotype correlations emerging

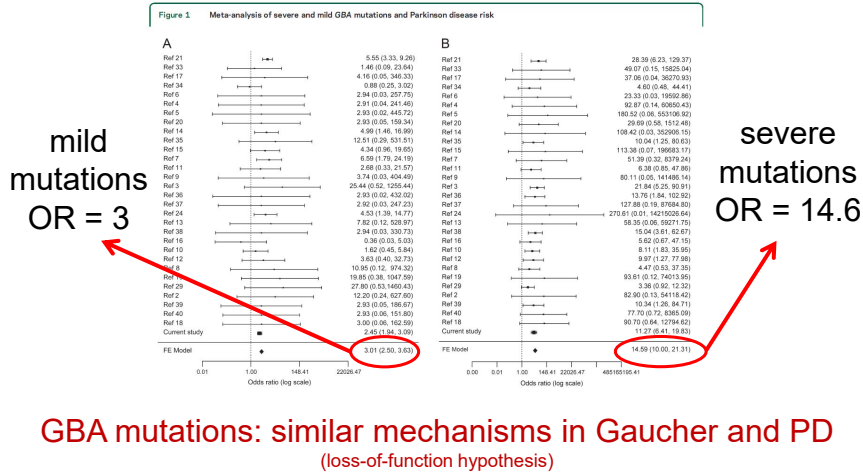
Clinical Trials on PD-GBA carriers ongoing

18

Differential effects of severe vs mild *GBA* mutations on Parkinson disease

Gan-Or et al.,
Neurology 2015

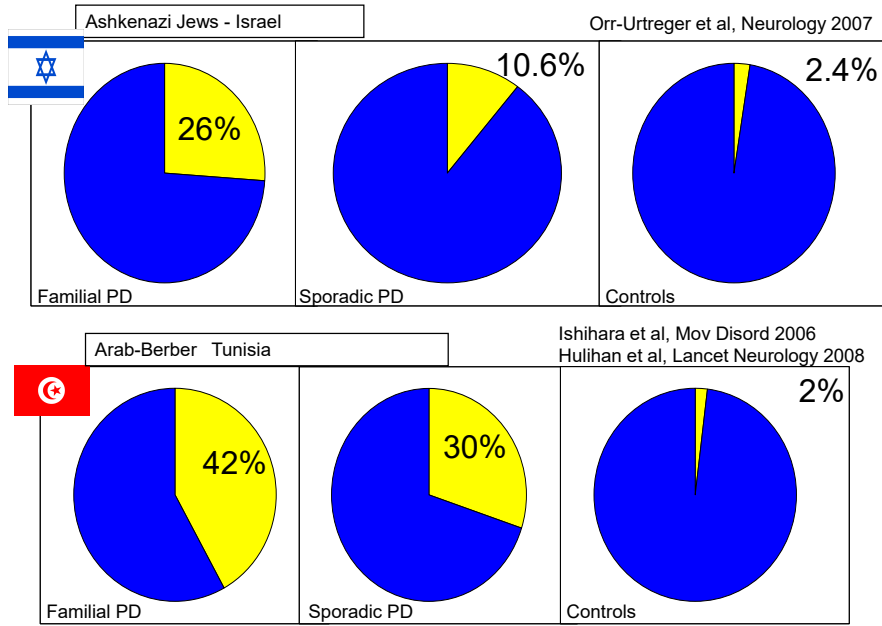
1000 Ashkenazi-Jewish PD, 3805 controls; screened for 7 *GBA* mutations
 19.2 % (n=192) among PD; 6.4 % (n=242) among controls
 meta-analysis: 11453 PD, 14565 controls



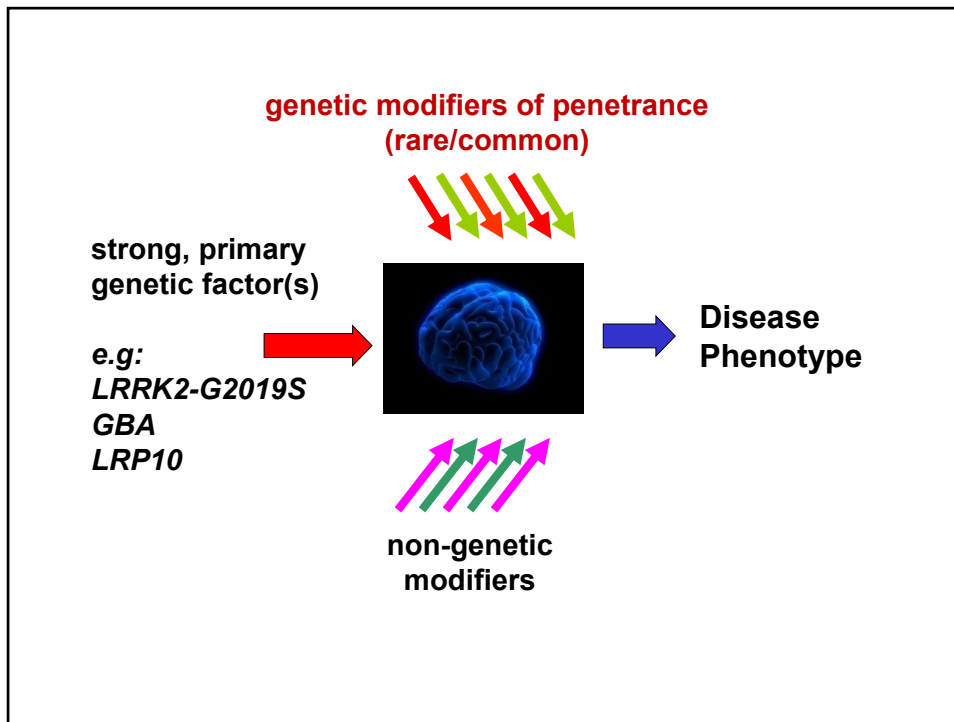
19

Gly2019Ser

Reduced penetrance (several studies)
as low as ~20% in some studies



20



21

Resistance to autosomal dominant Alzheimer's disease in an *APOE3* Christchurch homozygote: a case report

Arboleda-Velasquez et al., Nat Med 2019

Presenilin 1 mutation carrier from the world's largest autosomal dominant Alzheimer's disease kindred, who did not develop mild cognitive impairment until her seventies, three decades after the expected age of clinical onset

The individual was homozygous for ***APOE3* Christchurch** (R136S) mutation (LOF), unusually **high brain amyloid levels** and limited tau and neurodegenerative measurements

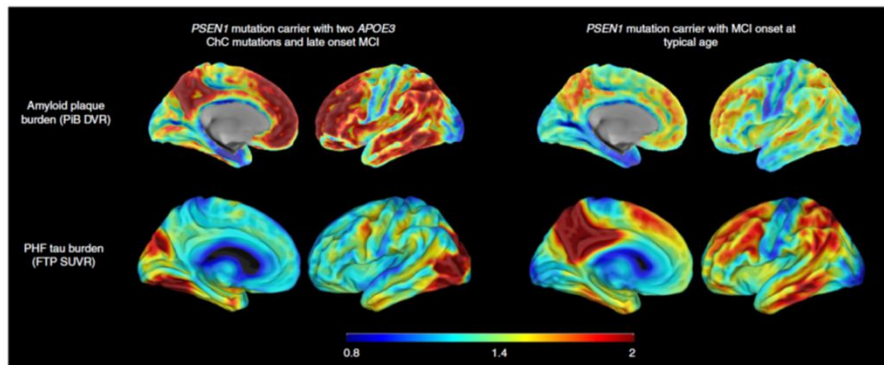
Implications for the role of APOE in the pathogenesis, treatment and prevention of Alzheimer's disease

22

Resistance to autosomal dominant Alzheimer's disease in an *APOE3* Christchurch homozygote: a case report

Arboleda-Velasquez et al., Nat Med 2019

very high brain amyloid levels,
limited tau and neurodegenerative measurements



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Key points



From the etiological standpoint: there are many types of PD

- Mutations in several genes can cause PD
- Variable role for genetic and non-genetic factors in diff. patients
- Genetic architecture of PD differs between populations

α-synuclein : 1st proof-of principle – (rare) monogenic cause LB⁺ PD

LRRK2* and *GBA : low-penetrant mutations (strong PD risk factors)
common (in some populations very common !)
link pathogenesis of familial and sporadic PD
→ **disease-modifying intervention trials**

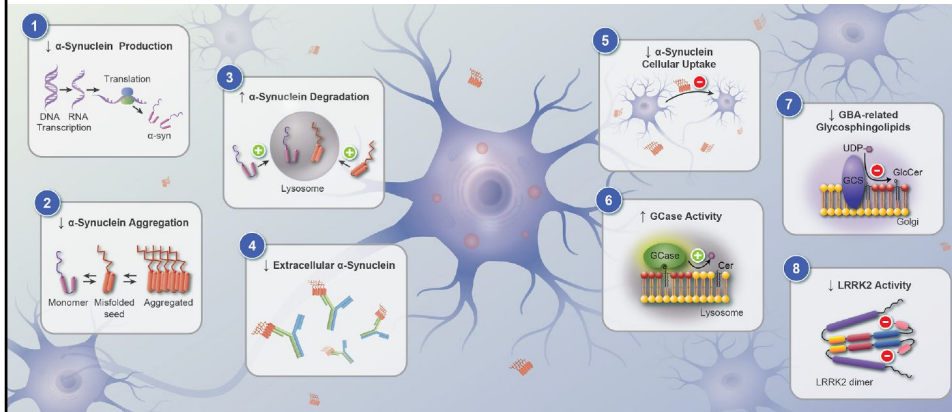
Early-onset PD : several monogenic forms (rare) (**recessive**)
links to late-onset PD unclear

Other genes for early and late-onset PD probably remain to be identified !



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Where are the therapies ?



Sardi et al., Mov Disord 2018

25

Erasmus MC, Rotterdam
Bonifati-lab
 Demy Kuipers
 Christina Fevga
 Wim Mandemakers
 Martyna Growchowska
 Ana Carreras-Mascaro
 Guido Breedveld

@VincenzoBonifa3



International Collaboration Network

University of Bologna, Italy
 Pietro Cortelli, Sabina Capellari,
 Piero Parchi,

Sapienza University, Roma, Italy
 Giovanni Fabbri, Giuseppe Meco,
 Alfredo Berardelli

Instituto de Medicina Molecular
 Faculty of Medicine, Univ. Lisbon, Portugal
 Joaquim Ferreira, Leonor Correia Guedes

Hospital "G. Brodzu", Cagliari, Italy
 Giovanni Cossu, Valeria Saggi

Chang Gung Memorial Hospital
 Taipei, Taiwan, Chin-Song Lu

University of Sao Paulo, Brazil
 Susan Chien, Egberto Barbosa

University of Salerno, Italy
 Paolo Barone, Marina Picillo

Cape Town, South Africa
 Jonathan Carr, Soraya Bardien

Universitat de Barcelona, Spain
 Eduardo Tolosa

University of Torino
 Leonardo Lopiano, Maurizio Zibetti

Hacettepe Univ., Ankara, Turkey
 Bülent Elibol

Istanbul University, Turkey
 Murat Emre, Hasmet Hanagasi

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